PUBLIC HEALTH REPORT

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INFLUENZA has returned to California this winter after a virtual absence of almost two years. Type B virus has been identified by culture and serologic tests in many areas of the state.

In addition, a considerable amount of respiratory disease has been affecting California since mid-autumn, giving the impression that a sizable influenza epidemic exists. However, most cases of respiratory disease studied have so far not been identified, and it would appear that true influenza accounts for only part of this wave of illness.

In relation to the nation, California leads in total confirmed influenza outbreaks, but was preceded by Florida and Arizona in identifying Type B. Colorado, Missouri and Illinois to the east, and Oregon and Washington to the north, have since experienced outbreaks of Type B disease. Type A influenza, including the Asian strain, has not been found this season.

The Department's Viral and Rickettsial Disease Laboratory has established serologic confirmation of Influenza B in the following 15 counties: Alameda, Amador, Humboldt, Lake, Los Angeles, Marin, Monterey, San Bernardino, San Diego, San Francisco, Santa Clara, Santa Cruz, Sonoma, Stanislaus and Yolo. The majority of these cases were in adolescent patients.

Several other counties have had outbreaks of respiratory tract disease. Type B virus has been isolated from two teen-age students in Modesto and from another in Lake County, as well as from an autopsy specimen of a lung submitted by a hospital in Oakland. Moreover, the Los Angeles City Health Department laboratory earlier isolated the virus from two 13-year-old boys in a San Fernando Valley outbreak.

The submitting of laboratory specimens for influenza diagnosis is largely a function of the interest of practicing physicians, the activities of the local health departments and the Influenza Surveillance Unit of this department. These specimens do not represent a true sampling of the statewide prevalence of a disease, since many areas do not contribute specimens, while a few send in a disproportionate number.

The isolation of influenza virus is difficult and expensive. However, serologic testing is relatively easy, requiring a blood specimen drawn during the first few days of the acute illness, then another 10 to 14 days later. Physicians who encounter outbreaks or cases of a special interest are encouraged to submit paired blood specimens for serologic diagnosis. The results from a single specimen are often inconclusive.

The department's Influenza Surveillance Unit maintains a program the purpose of which is to locate early respiratory disease outbreaks and to assess their impact on the communities involved. The backbone of this program is school absenteeism, which is reported from nine representative health jurisdictions.

Overall absenteeism is normally about five to seven per cent. Since late November, the reporting areas have had nine to ten per cent absenteeism. Individual counties have reported as high as 15 to 20 per cent absenteeism in certain weeks, and some schools have been hit even harder during the peak of disease activity. Urban areas in the southern part of the state were affected early in the season, followed in December by the rural counties. However, schools in the metropolitan areas of Los Angeles, San Francisco and Sacramento continued to have abnormal absenteeism rates just before the Christmas recess. Since the reconvening of schools in January, absenteeism has been about normal.

Industrial absenteeism has apparently not been affected by the wave of illness, which was confined largely to school-age children. The total number of deaths in the larger California cities has remained normal, as has the number from pneumonia and influenza, although a few deaths have been causally related to influenza.

In summary, a large wave of minor respiratory illness began in California in November. A significant proportion of this illness is true influenza, Type B, but much of it has not been identified etiologically. The impact of the disease on school populations has been considerable. However, the adult population has not been severely affected, and the death toll among the aged and the infirm, which was heavy during the Type A outbreaks of recent years, has not been great.